

PTO/SB/01 (10-01)

Approved for use through 10/31/2002. OMB 0851-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**Declaration
Submitted
with Initial
Filing

OR

Declaration
Submitted after Initial
Filing (surcharge
(37 CFR 1.16 (e))
required)

Attorney Docket Number

1995-18-A2

First Named Inventor

Manning, Thelma

COMPLETE IF KNOWN

Application Number

09/351,530

Filing Date

09/12/2000

Art Unit

Examiner Name

As the below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

HIGH ENERGY THERMOPLASTIC ELASTOMER

(Title of the Invention)

the specification of which



is attached hereto

OR



was filed on (MM/DD/YYYY)

09/12/2000

as United States Application Number or PCT International

Application Number

09/351,530

and was amended on (MM/DD/YYYY)

01/16/2003

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT International application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

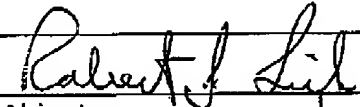
PTO/SB/02A (10-00)

Approved for use through 10/31/2002. OMB 0851-0092

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>4</u> of <u>4</u>
--------------------	---

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name Arpad	Family Name or Surname Juhasz		
Inventor's Signature		Date	
Residence: City Joppatowne	State MD	Country USA	Citizenship USA
Mailing Address 302 Roxbury Court			
Mailing Address			
City Joppatowne	State MD	ZIP 21085	Country USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name Robert J.	Family Name or Surname Lieb		
Inventor's Signature 		Date 2/10/03	
Residence: City Abington	State MD	Country USA	Citizenship USA
Mailing Address 4025 E. Baker Avenue			
Mailing Address			
City Abington	State MD	ZIP 21009	Country USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name	Family Name or Surname		
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	ZIP	Country

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			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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PTO/SB/02A (10-00)

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DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>3</u> of <u>4</u>
--------------------	---

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name SAM		Family Name or Surname MOY	
Inventor's Signature		Date	
Parsippany Residence: City	NJ State	USA Country	USA Citizenship
69 Glassboro Road Mailing Address			
Mailing Address			
City Parsippany	NJ State	07054 ZIP	USA Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name Bernard		Family Name or Surname Strauss	
Inventor's Signature		Date	
Rockaway Residence: City	NJ State	USA Country	USA Citizenship
20 Iroquois Avenue Mailing Address			
Mailing Address			
City Rockaway	NJ State	07866 ZIP	USA Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name James A.		Family Name or Surname Hartwell	
Inventor's Signature <i>James A. Hartwell</i>		Date	
Elton Residence: City	MD State	USA Country	USA Citizenship
14 Harvest Lane Mailing Address			
Mailing Address			
City Elton	MD State	21921 ZIP	USA Country

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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63) <input type="checkbox"/> Declaration Submitted with Initial Filing OR <input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)	Attorney Docket Number	1995-18-A2
	First Named Inventor	Manning, Thelma
	COMPLETE IF KNOWN	
	Application Number	09/351,530
	Filing Date	09/12/2000
	Art Unit	
Examiner Name		

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				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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DECLARATION — Utility or Design Patent ApplicationDirect all correspondence to: ☒ Customer Number or Bar Code Label 32170 OR ☐ Correspondence address below

Name

Address

City

State

ZIP

Country

Telephone

Fax

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR: ☐ A petition has been filed for this unsigned inventorGiven Name Thelma G.
(first and middle [if any])Family Name Manning
or SurnameInventor's
Signature

Date

Montville
Residence: CityNJ
StateUSA
CountryUSA
Citizenship

Mailing Address: 29 Bromley Court

Montville
CityNJ
State07045
ZIPUSA
CountryNAME OF SECOND INVENTOR: ☐ A petition has been filed for this unsigned inventorGiven Name Joseph L.
(first and middle [if any])Family Name Prezelski
or SurnameInventor's
Signature

Date

Jermyn
Residence: CityPA
StateUSA
CountryUSA
Citizenship

Mailing Address P.O. Box 161

Jermyn
CityPA
State18433
ZIPUSA
Country☐ Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

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Attorney Docket Number 1995-18-A2

First Named Inventor Manning, Thelma

COMPLETE IF KNOWN

Application Number 09/351,530

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			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Inventor's Signature		Date	
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69 Glassboro Road Mailing Address			
Mailing Address			
Parsippany City	NJ State	07054 ZIP	USA Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name Bernard		Family Name or Surname Strauss	
Inventor's Signature <i>Bernard Strauss</i>		Date <i>1/24/03</i>	
Rockaway Residence: City	NJ State	USA Country	USA Citizenship
20 Iroquois Avenue Mailing Address			
Mailing Address			
Rockaway City	NJ State	07866 ZIP	USA Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name James A.		Family Name or Surname Hartwell	
Inventor's Signature		Date	
Elton Residence: City	MD State	USA Country	USA Citizenship
14 Harvest Lane Mailing Address			
Mailing Address			
Elton City	MD State	21921 ZIP	USA Country

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Given Name Arpad		Family Name or Surname Juhasz	
Inventor's Signature <i>Arpad Juhasz</i>		Date 1/24/03	
Joppatowne Residence: City	MD State	USA Country	USA Citizenship
302 Roxbury Court Mailing Address			
Mailing Address			
City Joppatowne	MD State	21085 ZIP	USA Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name Robert J.		Family Name or Surname Lieb	
Inventor's Signature		Date	
Joppatowne Residence: City	MD State	USA Country	USA Citizenship
307 Summerfield Court Mailing Address			
Mailing Address			
City Joppatowne	MD State	21085 ZIP	USA Country
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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name SAM		Family Name or Surname MOY	
Inventor's Signature <i>Sam Moy</i>		Date <i>1/23/2003</i>	
Parsippany Residence: City	NJ State	USA Country	USA Citizenship
69 Glassboro Road Mailing Address			
Mailing Address			
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DECLARATION — Utility or Design Patent Application

Direct all correspondence to: <input checked="" type="checkbox"/>		Customer Number or Bar Code Label	32170	OR	<input type="checkbox"/>	Correspondence address below
Name						
Address						
City		State		ZIP		
Country		Telephone		Fax		
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.						
NAME OF SOLE OR FIRST INVENTOR :		<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any])		Family Name or Surname				
Thelma G.		Manning				
Inventor's Signature		<i>Thelma G. Manning</i>			Date	
Montville		NJ		USA		USA
Residence: City		State		Country		Citizenship
Mailing Address 29 Bromley Court						
Montville		NJ		07045		USA
City		State		ZIP		Country
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any])		Family Name or Surname				
Joseph L.		Prezelski				
Inventor's Signature					Date	
Jermyn		PA		USA		USA
Residence: City		State		Country		Citizenship
Mailing Address P.O. Box 161						
Jermyn		PA		18433		USA
City		State		ZIP		Country
<input type="checkbox"/> Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.						

[Page 2 of 2]